To promote the "Just Culture" value by educating, motivating and empowering staff to end incivility and increase teamwork

THE **SYNERGY** CAMPAIGN

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WHY SYNERGY CAMPAIGN?

MY BULLY STORY

I was so cool !
Why would anyone
Bully me ?

PROBLEM/FOCUS
LITERATURE

- The Synergy Campaign will uphold The American Nurses Association (ANA) position that nursing personnel have the right to work in healthy work environments free of abusive behavior, such as bullying and hostility.

  (American Nurses Association, n.d.).

- Bullying is manifested as; verbal abuse, behaviors-physical or nonverbal that are threatening, intimidating, or humiliating. It can include work sabotage, interference with production, exploitation of a vulnerability-physical, social or psychological, or some combination of one or more categories"

  (Namie & Namie, 2011, p. 11).

PROBLEM/FOCUS
LITERATURE

- Almost 21% of nursing turnover can be related to bullying.

    (Johnson & Rea, 2009)

- In a study on workplace bullying, most of the respondents reported being bullied by the charge nurse, manager, or director.

    (Johnson & Rea, 2009)

- Nurses **who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually may choose to bully other nurses.**

    (Johnson & Rea, 2009)

- One in six nurses (13%) reported being bullied in the past six months.

    (Sa & Fleming 2008)

ANA POSITION STATEMENT

- **Statement of ANA Position:** ANA's Code of Ethics for Nurses with Interpretive Statements states that nurses are required to "**create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect**." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a). Thus, the **nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture *of respect, free of incivility, bullying, and workplace violence*.**

Incivility, Bullying, and Workplace Violence Effective Date: July 22, 2015 **New Position Statement**

CIVILITY & RESPECT TOOL-KIT
WWW.STOPBULLYINGTOOLKIT.ORG

Free resources to empower healthcare leaders to identify, intervene, and prevent workplace incivility and bullying

- Moral Compass
  - Introduction
  - How to use the tool-kit
  - Socio-ecological model
- Helpful Links
- Grouping of resources into
  - Truth
  - Wisdom
  - Courage
  - Renewal

THANK YOU DR. BOLICK

Beth Nachtsheim Bolick,

DNP PPCNP-BC CPNP-AC FAAN

- **Robert Wood Johnson Foundation Executive Nurse Fellow 2012-2015**

- Professor and Director Acute Care Pediatric Nurse Practitioner Program

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"BULLYING HAS LONG EXISTED IN HEALTH CARE; IT WAS THE UGLY SECRET THAT NO ONE WANTED TO TALK ABOUT. HOWEVER, THE CULTURE OF ACCEPTANCE AND SILENCE THAT ACCOMPANIED IT IS FINALLY BEING BROKEN. THE CONVERSATION IS CHANGING TO FOCUS ON CREATING CIVIL CULTURES THAT EMBRACE COLLEGIALITY AND RESPECT."

- EDMONSON & BOLICK, 2015

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THANK YOU DR. COLE EDMONSON

FEATURES

Stopping the Bullying Cycle

Creating a safe environment for staff has been a personal and professional mission for one noted nursing leader.

By Elizabeth Adams

Last updated on: January 23, 2013 | Posted on: January 16, 2013

View Comments (19)   Print Article   G+1 < 0   👍 Like 134   Share

No matter how old you are there are still bullies in this world, but it is never too late to break the cycle.

In one of the most caring professions, it seems ironic that nurses struggle with bullying within their own field. One article states that 73 percent of new nurses reported being bullied in the past month (Berry, et al., 2012).

But new nurses are not the only ones feeling the heat and pressures from co-workers, experienced nurses still experience bullying.

No matter the reason behind bullying, the result is the same. Whether it is the "old eating their young" approach, a mix of low self-esteem or a learned behavior from a young age, bullying has a tremendous amount of negative consequences that do not just affect an individual but the entire healthcare industry.

Bullying can cause nurses to leave their profession, increasing turnover and destabilizing the patient care system and care process, which can ultimately put patients in danger.

Creating Change

Cole Edmonson, DNP, RN, FACHE, NEA-BC, CNO at Texas Health Presbyterian Hospital Dallas and Robert Wood Johnson Foundation Executive Nurse Fellow, has found that overcoming bullying and creating a safe bully-free environment has been a personal and professional journey for him.

OCTOBER IS ANTI-BULLYING MONTH

CLARK WORKPLACE CIVILITY INDEX

- Lets take 5 minutes to complete this assessment

- Don't think to much answer quickly

- Are you surprised by your answers?

- Reflect

Clark Workplace Civility Index©

To complete the index, consider the 20 statements listed below. Read each statement carefully. Using a scale of 1- 5; (5) always, (4) usually, (3) sometimes, (2) rarely, (1) never, select the response that most accurately represents the frequency of each behavior by asking yourself...

How often do I...

	Always (5)	Usually (4)	Sometimes (3)	Rarely (2)	Never (1)
1. Assume goodwill and think the best of others	○	○	○	○	○
2. Include and welcome new and current colleagues	○	○	○	○	○
3. Communicate respectfully (by e-mail, telephone, face-to-face) and really listen	○	○	○	○	○
4. Avoid gossip and spreading rumors	○	○	○	○	○
5. Keep confidences and respect others' privacy	○	○	○	○	○
6. Encourage, support, and mentor others	○	○	○	○	○
7. Avoid abusing my position or authority	○	○	○	○	○

2016 INTERPERSONAL PERCEPTIONS SURVEY

- 39% of staff reported that in the last 5 years a superior or coworker put you down or was condescending to you.

- 22.96% of staff stated a superior or coworker addressed them in a unprofessional terms either publicity or privately

- 33.08% of staff stated a superior or coworker paid little attention or showed little interest in your opinion

- 29.27% stated a coworker yelled at me in front of others

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INCIVILITY & BULLYING IN THE HEADLINES

Nurse-to-nurse bullying more than just a sore point

Western Pennsylvania's top news and sports source **TRIBLIVE**

Workplace Bullying in Nursing:
A Problem That Can't Be Ignored
MEDSURG Nursing—September/October 2009—Vol. 18/No. 5

Study Finds Nurses Frequently Being
Bullied at Work Nursing News

When the Nurse Is a Bully
The New York Times

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DEFINING INCIVILITY & BULLYING

Workplace incivility/bullying is any negative behavior that demonstrates a lack of regard for other workers. This can include a vast number of disrespectful behaviors including:

- Harassment
- Passive-aggressiveness
- Teasing
- Gossiping
- Purposely withholding business information
- Overruling decisions without a rationale
- Sabotaging team efforts
- Demeaning others
- Verbal intimidation
- Eye rolling

PHYSICAL/PSYCHOLOGICAL MANIFESTATIONS

Common reactions:

- Acute or chronic anxiety
- Depression
- Sleep interruptions
- Fatigue
- Lack of mental focus

Post-traumatic stress disorder:

- An experience that shatters all you had believed in and valued

- Manifestation: Withdrawal, Conversion, Projection

EFFECT ON PATIENT OUTCOMES

– Inattentive health care

– Self-doubt

– Dismissive treatment of patients

– Patients may feel intimidated, embarrassed, or belittled

– *Patients pay the ultimate price*

COURAGE: CODE WORD

- The organization can choose any code word that's appropriate in a particular environment to signify that a person is experiencing bullying.

Examples of Code Words that may be considered are:

- Code White
- Code Grey
- Code Black
- Code 88
- Ouch
- Dr. Strong
- Dr. Heavy
- Strong Alert

POLICIES DO YOU HAVE THEM ?

HR-E 01.50
PROHIBITION ON DISRUPTIVE CONDUCT IN THE WORKPLACE

- Rush University Medical Center and Rush University strive to create and promote safe, cooperative and professional work and learning environments in which disruptive conduct is not tolerated.

WHAT DOES DISRUPTIVE BEHAVIOR INCLUDE?

· Intentionally humiliating, berating or demeaning others in private or public settings;

· Using threatening language and/or engaging in aggressive behavior;

· Yelling, using profanity and/or disrespectful language;

· Inappropriately labeling colleagues, patients or students;

· Writing inappropriate chart or file notes;

· Displaying uncontrolled rage;

· **Bullying or intimidating others to control or gain compliance;**

· Refusing to complete an assigned task, carry out assigned duties or failing to adhere to organizational policies;

· Gossiping or intentionally spreading false rumors about others;

· Engaging in behavior that is detrimental to patient care or to the learning environment;

· Retaliating against any person who has reported disruptive behavior or participated in the review process following a report of disruptive behavior; and,

· Other prohibited behaviors identified in Rush's Code of Conduct and the Prohibition against Harassment, Discrimination and Sexual Misconduct.

WHAT ABOUT A REPORTING SYSTEM?

- Does anyone even have one, show of hands ??

HEALTHCARE LEADERS RESPONSIBILITY

HEALTH CARE LEADERS have a **RESPONSIBILITY** to employees, students, and the public to provide work and school **ENVIRONMENTS** that are **FREE FROM ABUSE AND HARASSMENT.** When **WORKPLACE BULLYING** has been identified as a **PROBLEM**, senior leaders must take **SWIFT, APPROPRIATE ACTION** to ensure the **ABUSE STOPS**, the **PERPETRATOR** is held **ACCOUNTABLE**, and steps are taken to ensure bullying does not occur again. **POLICIES** and **PROCEDURES** must be implemented and **ENFORCED** to ensure staff and students **FEEL SAFE** to **REPORT INCIDENTS** of incivility/bullying.

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1 • Intrapersonal

2 • Interpersonal

3 • Institutional

4 • Structural Environment

5 • Policy

INTRAPERSONAL

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Receive IRB approval to survey the nursing staff using the Intrapersonal Perceptions Survey

Time series analysis trend data showing decrease in the following questions.

✓ **Have you ever thought of leaving your current position because of the bullying or other hostile actions of others**

✓ **I feel like I can trust the charge nurses/team leaders**

✓ **Can speak directly to the person with whom I have an issue**

INTERPERSONAL

Develop and Implement the Synergy Educational Retreat

- Establish and effectively use of code word.

- Computer based educational program

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INSTITUTIONAL

Formalizing Bullying Reporting System

- Formalizing bullying report process via safety event or 1800 number.

- Institute BE AWARE and CARE.

- Appoint a point leader for bullying elimination program.

STRUCTURAL ENVIRONMENT

Incorporating Synergy Campaign

into the Environment

- Updated nursing orientation with section on Synergy Campaign.

- October stop bullying Campaign at RUMC and ROPH.

- Synergy Campaign newsletters and media.

POLICY

- Employee yearly evaluation tool.

- On managers what are you giving the bullies on evals?

WOW I AM EXHAUSTED LETS TAKE 10

Nursing is all about give and take. I give you 10 mg of Haldol so I can take a 10 minute break.

Oh, you must work in a hospital too.

Original crude med-ecard humor from The Happy Hospitalist Blog

NOW WHAT CAN WE DO ?

HOW DO WE BUILD TEAMWORK
TO STOP BULLYING AND INCIVILITY

MY STORY !!

WHAT IS CREW RESOURCE MANAGEMENT?

Crew Goals

Management of Complex High-Risk Environments	Optimizing Team Performance	Focus on Increasing Safety	Flexible and systematic

Crew Resource Management

From Patient Safety to High Reliability

DAVID MARSHALL

Basic Principles

Recognizing human error is inevitable	Reliable team chemistry is essential to success	Mitigating error with team centered tools & practices

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1979 NASA workshop:
- Representatives from all major commercial & military aviation
- Response to series of aviation catastrophes

Workshop Findings:
- Presented data demonstrating '*human error*' as the root cause of these aviation accidents

Crew Resource Management (CRM)
- CRM developed as system to promote safety & effectiveness

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A BRIEF HISTORY OF CREW

Institute of Medicine Report (1999)
- *To Err Is Human: Building a Safer Heath System*
- Estimated 44,000 - 98,000 people die each year in US as result of medical error

"Healthcare is a decade or more behind other high-risk industries in its attention to ensuring basic safety."

High Reliability Organizations (HROs) Models
- HROs, for example aviation, serve as models for healthcare institutions
- Aviation is high risk and high reliability

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What about my baby girl?

SO WHAT DO YOU THINK ?

If you were the surgeon would you want Rebecca to speak up?

Based on the culture you believe exists in your organization will Rebecca speak up?

...Why or Why Not?

If she does speak up, what will she say?

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TENERIFE MARCH 27TH, 1977

583 DEAD.. WHY?

70 % of accidents are based on *human error* in a *team setting*

Errors result from human limitations:
- Fatigue
- Workload
- Cognitive Overload
- Poor Communication
- Flawed Decision Making

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A TEAM EXERCISE

Team:
- Your table is your team
- Leader is person with most healthcare experience

Rules:
- No pens / pencils, calculators or phone-a-friend
- Only the team leader gives the answer

Challenge
- Add the series of numbers

START COUNTING

1000

1000

1000

30

20

1000

40

1000

10

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YOUR TEAM'S ANSWER..

START COUNTING

1000

1000

1000

30

20

1000

40

1000

10

A TEAM EXERCISE

Did your team change its answer?

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58

ANSWER

1000

1000

1000

30

20 ——> **5100**

1000

40

1000

10

DEBRIEF THE CHALLENGE

Team Management
- How did you manage your team differently?

Recognizing Adverse Situations
- What made this challenge difficult?

Communication
- Did anyone have the correct answer and have difficulty convincing your team leader of it?

Decision Making
- Did the leader answer first and then ask what you thought?
- What is the problem with that?

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Debriefing
- Having discussed the challenge would you approach it differently if you did it again?

LESSONS LEARNED

No matter how well trained, motivated, professional, or well-intentioned

If humans are involved error is inevitable

Aviation's Solution

Stop blaming the individual	Fix the system	Mitigate error through Crew	Train team skills	Implement safety tools

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Create Culture of Learning with Transparency & Accountability

Team members Accountable for their actions

JUST CULTURE

Staff accountable for their actions not blamed for system faults

Differentiates unsafe systems from unsafe individuals (reckless or risky behaviors)

Creating a Culture of Safety

No one is ever hesitant to voice a concern about a patient

Feedback
(Learning Board, ELC Rds, Newsletter)

Daily safe practices
(Huddle, debrief)

Unit Structure

Action is taken, feedback reliably provided, changes are visible for staff and patients

Skilled caregivers playing by the rules feel safe to discuss and learn from errors

Just Culture

Concerns raised by front line caregivers are taken seriously & acted upon

Local problem-solving

Intake Mechanism
(Learning Board, Safety Events)

Unit Leadership

"Our systems are too complex to expect merely extraordinary people to perform perfectly 100% of the time. We, as leaders, have a responsibility to put into place systems to support safe practice."

- James Conway,
  Former President IHI

SHIFT TO TEAM SYSTEM APPROACH

Group of Experts

Individual focus (clinical skills)

Teamwork - loose concept

Individual performance

Unbalanced workload

Having information

Self-advocacy

Self-improvement

Individual efficiency

Under-informed, individual decisions

Expert Team

Dual focus (clinical & team skills)

Teamwork - clear understanding

Mutual Support -Team goals

Managed workload

Sharing information

Patient advocacy

Team improvement

Team efficiency

Informed & collaborative Team decision

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Surgical Safety Checklist

World Health Organization (WHO)
- Implemented at 8 hospitals internationally

Compared Data
- 3733 surgical patients pre-checklist
- 3955 patients post-checklist implementation

Study Outcomes
- Surgical death rate decreased 47%
- Inpatient complications decreased 36%
- Surgical site infection rate decreased 45%
- Unplanned return to OR decreased 25%

HARDWIRED SAFETY TOOLS

World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ►►►►►►►►► Before skin incision ►►►►►►►►►►►►►► Before patient leaves operating room

SIGN IN

☐ PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT

☐ SITE MARKED/NOT APPLICABLE

☐ ANAESTHESIA SAFETY CHECK COMPLETED

☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

KNOWN ALLERGY?
☐ NO
☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
☐ NO
☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS
(7ML/KG IN CHILDREN)?
☐ NO
☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT

☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE

☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS

☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?

☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?

☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
☐ YES
☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
☐ YES
☐ NOT APPLICABLE

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

☐ THE NAME OF THE PROCEDURE RECORDED

☐ THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)

☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)

☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED

☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

User Comments

- User Feedback:

- 78% observed the tool catch or prevent an error

- 80% easy to use, accomplished quickly and improved safety of care

- 20% not easy to use, took too long, didn't improve patient safety.

User Comments:

- When asked "If you were having an operation, would you want the checklist used?

93% said Yes

THE CHECKLIST MANIFESTO

"When we implemented this checklist in eight other hospitals, I started using it because I didn't want to be a hypocrite. But hey, I'm at Harvard, did I need a checklist? No. I was in that 20 percent."

"I have not gotten through a week of surgery where the checklist has not caught a problem."

"Mr. Osborne, may I be excused? My brain is full."

5 minute break

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MODULE 2:
CREATING AN EFFECTIVE TEAM

What constitutes a good team?
- The coach?
- The Players ?
- The Team?
- All of the above

AND I GUESS THESE GUYS NOW ALSO
GO CUBS GO CUBS GO !!!

RACING IS A "CHEMISTRY SPORT"
IT'S IN MY BLOOD (WELL MY HUSBANDS)

Racing is a "chemistry sport"

Does This Team Have Any Room for Improvement?

Basketball is a "Chemistry Sport"

Greater roster stability → Better record

Study of 23 NBA teams 1980-1994 , Berman et al 2002

IS TEAM CHEMISTRY IMPORTANT IN HEALTHCARE?

- Surgeon's performance is not "portable"

- Better patient outcomes where surgeons have more experience with their teams

- Familiarity helps the surgeon perform better. (Huckman & Pisano, 2006)

> **"Success did not correlate with overall surgical experience of the operator, nor their hospital's volume, but was highly dependent on the extent to which teamwork skills were implemented and maintained by the surgeon and his/her team."**
>
> Pisano GP et al. Management Science 47(6):752, 2001.

IS TEAM CHEMISTRY IMPORTANT IN HEALTHCARE?

➤ 43% involved communication breakdown

➤ 16% with distractions or interruptions

➤ 49% failure of vigilance

➤ 3% with failure of memory

13% Dead
33% Disabled

Gawande et al. Surgery. Analysis of errors reported by surgeons at three teaching hospitals 2004.

Delivery occurs in hyper-complex environment dependent on multi-team systems

Everyone has just a piece of patient

TEAM BUILDING EXERCISE

Building a Tower…

1. Your team is going to build a tower together

2. No talking, gestures OK

3. Do not share the information on your card with other team members

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TEAM BUILDING EXERCISE

HOW CAN YOU BUILD GOOD TEAM CHEMISTRY?

BUILDING TEAM CHEMISTRY

Use interpersonal skills:

- **Introduce yourself**

- **Make eye contact when communicating**

- **Learn and use names**

  - *People who know each others names work better together than those who do not*

  - *Activation phenomenon*

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BUILDING TEAM CHEMISTRY

Be Standardized to Create Virtual "Roster Stability"

- Establish and follow standard processes

- Train all team members on standards and roles

- Equip team members with useable tools

PCCU Chest Exploration & ECMO Prep Checklist

Silver Procedure cart	Present and fully stocked
Red Procedure cart	Present and fully stocked
Bovie	Present and working
Bovie Pad (located in top drawer red cart)	Present and placed on patient
Headlamp	Present and working
Zoll/Lifepack	Present and slaved to monitor
Emergency Medications	Appropriate doses prepared (according to code sheet bedside)
Warm Saline	Present and in yellow bin
GU irrigant (in Pyxis)	Present
Crash Cart	Present, stocked and operating
Suture Tree	Present and stocked
IV Pushport	Present
Flushes	Present and ready
Hats and Masks	1 box each present
2 stools	Present
QRS	Volume turned up
Procedure Sheet	Present and stamped with patient info
Appropriate individuals informed	

Charge Nurse	Informed
Attending	Informed
Fellow	Informed
NP	Informed
RT	Informed
Service Center	Informed

Building Team Chemistry

Create a *Shared Mental Model*

Does the team understand the equipment/technology they are using?

Do the team members understand the task at hand?
- Technical procedure
- Strategy/contingencies
- Environmental conditions

Understand role and responsibilities of themselves as well as other team members?

BUILDING TEAM CHEMISTRY

Team Leader: *Invite participation from the Team*

– **Explicitly ask team members to:**

- Provide information
- Express concerns
- Speak up when necessary
  "I expect you to speak up."

– *Encourage questions to verify understanding*
  "What questions do you a have?"

BUILDING TEAM CHEMISTRY

"The greatest problem in communication is the illusion that it has been accomplished."

- George Bernard Shaw

Acknowledge All Communication

– "Closed loop communication"

– Communication to a specific person that is acknowledged by the receiver and then affirmed by the sender

– Confirms understanding

HOW CAN YOU ENSURE THAT <u>ALL</u> TEAM MEMBERS, NO MATTER WHO THEY ARE, WILL USE THESE SKILLS IN THE CLINICAL SETTING?

Better Performance and Care

- Kaiser Permanente reported **50% cut in unexpected delays**, **RN turnover from 19% to zero**, **elimination of wrong surgeries** (Defontes,2004)

- Postoperative **complication rates fell by 36% on average**, and death rates fell by similar amount. (Gawande et al, 2009)

- Effective tool in **promoting teamwork among surgery staff members** (Makary et al, 2007)

- Interprofessional checklist briefings **reduced the number of communication failures** and promoted proactive and collaborative team communication (Lingard et al, 2008)

Evaluate this team

✓ *Used interpersonal skills?*
　　Eye contact, body language, names, etc.

✓ *Provided Big Picture ?*
　　Plan, critical points, contingencies, etc.

✓ *Invited participation?*

✓ *Asked open ended questions?*

✓ *Acknowledged communications?*

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Better teams have:

- 21% fewer avoidable deaths

- 12% fewer avoidable complications

WHAT QUESTIONS DO YOU HAVE ABOUT CREATING AN EFFECTIVE TEAM?

Mike, Carmel, you go to the garden store and get five bags of lime. Dana, Gord, Jill, get me a tarp and carpet, then check Google Earth for a secluded stretch of highway. The rest of you, you'll help me bury the facilitator... who, ironically, has apparently just led the most successful team-building exercise in our company's history.

IN CONCLUSION

- If we built effectives teams would we have workplace bullying and incivility?

- If we taught effective communication would we have workplace bullying and incivility?

- What can you do as emerging nurse leader to change YOUR environments culture ?

CONTACT INFORMATION

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